

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107089222

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	IND.	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
			IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			8			

*	IND.	DEP.	*		IND.	DEP.
			IND.	DEP.		
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS